

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002	(X3) DATE SURVEY COMPLETED  <b>06/12/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>VMT HOME HEALTH AGENCY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 1ST STREET NW WASHINGTON, DC 20001</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE
H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted from June 10, 2014, through June 12, 2014, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to two hundred eighty-nine (289) patients and employs four hundred-fifty (450) employees. The findings of the survey were based on observations, record reviews and interviews with patients and staff.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Skilled Nurse (SN) Plan Of Care (POC) Home Care Agency (HCA) Home Health Aide (HHA) Registered Nurse (RN)</p>	H 000	<p>VMT Home Health Agency makes its best efforts to operate in substantial compliance with both Federal and State law. Plan of Correction does not constitute an admission or agreement by any party, its Officers, Directors, employees, or agents as the truth of the facts alleged or the validity of the conditions set forth on the Statement of Deficiencies and Plan of Correction Report. This Plan of Correction is prepared and/or executed solely because it is required by Federal and State law.</p>			
H 352	<p><b>3914.3(a) PATIENT PLAN OF CARE</b></p> <p>The plan of care shall include the following:</p> <p>(a) Physician orders for skilled services;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency failed to ensure that each patient's Plan of Care (POC) included a physician order to conduct physical assessment, for eight (8) of twenty (20) patients in the sample. (Patient #3, #4, #5, #6, #7, #8, #9, and #10)</p> <p>The findings include:</p> <p>1. On June 10, 2014, at approximately 11:15 a.m., review of Patient #3's clinical record revealed nursing notes that contained monthly</p>	H 352	<p>H352 3914.3(a) Patient Plan of Care</p> <p>1. VMT is unable to retroactively modify the Plan of Cares identified in the Statement of Deficiency Report (Patient #3, 4, 5, 6, 7, 8, 9, and 10). VMT will modify the Plan of Care to include a physician order to conduct a physical assessment.</p> <p>2. Beginning July 10, 2014, all Plan of Cares that are developed, will include a physician order to conduct a physical assessment.</p>			

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]*

TITLE

*Clinical Administrator*

(X6) DATE

*7/2/2014*

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**VMT HOME HEALTH AGENCY**

**901 1ST STREET NW  
WASHINGTON, DC 20001**

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H 352	<p>Continued From page 1</p> <p>physical assessments during the certification period of October 15, 2013 through April 14, 2014. There was no evidence that the physician ordered the physical assessments.</p> <p>2. On June 10, 2014, at approximately 11:45 a.m., review of Patient #4's clinical record revealed nursing notes that contained monthly physical assessments during the certification period of August 26, 2013, through February 25, 2014. There was no evidence that the physician ordered the physical assessments.</p> <p>3. On June 10, 2014, at approximately 12:30 p.m., review of Patient #5's Clinical record revealed nursing notes that contained monthly physical assessments during the certification period of September 8, 2013, through March 8, 2014. There was no evidence that the physician ordered the physical assessments.</p> <p>4. On June 11, 2014, at approximately 9:30 a.m., review of Patient #6's Clinical record revealed nursing notes that contained monthly physical assessments during the certification period of September 16, 2013, through March 15, 2014. There was no evidence that the physician ordered the physical assessments.</p> <p>5. On June 11, 2014, at approximately 10:00 a.m., review of Patient #7's Clinical record revealed nursing notes that contained monthly physical assessments during the certification period of July 26, 2013, through January 25, 2014. There was no evidence that the physician ordered the physical assessments.</p> <p>6. On June 11, 2014, at approximately 10:40</p>	H 352	<p>3. The Director of Nursing or their designee will review each Plan of Care for the inclusion of a physician order for the registered nurse to conduct a physical assessment. VMT will perform quarterly audits to monitor the inclusion of the physician order in the Plan of Care for a RN physical assessment after July 10, 2014. VMT will perform a quarterly audit to monitor the inclusion of the physician order on the Plan of Care that is developed after July 10, 2014. A sample size of 10% will be assessed to determine compliance and will be the benchmark for any modifications of the audits going forward. The audit will be overseen by the Clinical Administrator or their designee. The results will be discussed in the quarterly Professional Advisory Committee Meeting.</p> <p><i>Completion date August 10, 2014</i></p>	

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H 352	Continued From page 2  a.m., review of Patient #8's clinical record revealed nursing notes that contained monthly physical assessments during the certification period of July 25, 2013, through January 25, 2014. There was no evidence that the physician ordered the physical assessments.  7. On June 11, 2014, at approximately 11:15 a.m., review of Patient #9's clinical record revealed nursing notes that contained monthly physical assessments during the certification period of November 13, 2013, through May 12, 2014. There was no evidence that the physician ordered the physical assessments.  8. On June 11, 2014, at approximately 12:30 p.m., review of Patient #10's clinical record revealed nursing notes that contained monthly physical assessments during the certification period of October 22, 2013, through April 21, 2014. There was no evidence that the physician ordered the physical assessments.  Face to face interview with the administrator on June 11, 2014 at approximately 3:30 p.m., confirmed that although the patients were receiving skilled nursing services and physical assessments by the registered nurse during the nursing visits, the POCs did not include physicians' orders for physical assessment.	H 352		
H 456	3917.2(f) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum, the following:  (f) Supervision of services delivered by home health and personal care aides and household support staff, as appropriate;	H 456	H456 3917.2(f)  VMT has noted that the required DHCF Medicaid PCA Assessment form does not have an area for the RN to document the aide supervision for that visit. The routine monthly visits are documented on VMT Home Health Agency's monthly visit note which does have a specific area for the supervision documentation.	

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H 456	<p>Continued From page 3</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency failed to document the supervision of services being delivered by each patient's personal care aide (PCA) or home health aide (HHA), for six (6) of the twenty (20) sampled patients. (Patients #2, #3, #5, #7, #9 and #10)</p> <p>The findings include:</p> <p>1. On June 10, 2014, at 10:00 a.m., review of Patient #2's plan of care (POC) with a certification period of October 20, 2013 through April 19, 2014, revealed an order for PCA services for sixteen (16) hours a day, seven (7) days a week for six (6) months, and supervisory visit by RN monthly for twenty-six (26) weeks. Additionally, continued record review failed to show documented evidence that the PCA services were supervised by the RN during the month of February, 2014.</p> <p>2. On June 10, 2014, at 11:15 a.m., review of Patient #3's POC with a certification period of October 15, 2013 through April 14, 2014, revealed an order for PCA services for eight (8) hours a day, seven (7) days a week for six (6) months, and supervisory visit by RN monthly for twenty-six (26) weeks. Additionally, continued record review failed to show documented evidence that the PCA services were supervised by the RN during the month of March 2014.</p> <p>3. On June 10, 2014, at 12:30 a.m., review of Patient #5's POC with a certification period of September 8, 2013 through March 7, 2014, revealed an order for PCA services for six (6) hours a day, seven (7) days a week for six (6)</p>	H 456	<ul style="list-style-type: none"> <li>• Patient #2, this beneficiary received a recertification by the RN on 2/26/2014</li> <li>• Patient # 3, this beneficiary received a recertification by the RN on 3/5/2014</li> <li>• Patient #5, this beneficiary received a recertification by the RN on 1/21/2014</li> <li>• Patient #7, these were missed visit for November and December 2013. There was a missed visit form documented by the RN for 12/3/2013.</li> <li>• Patient # 9 this beneficiary received a recertification by the RN on 3/22/2014. This was a missed visit for December 2013.</li> <li>• Patient 10, this beneficiary received a recertification by the RN on 3/6/2014. This was a missed visit for January 2014.</li> </ul> <p>Beginning July 21, 2014, with any recertification visits, the RNs will document on the DHCF Medicaid PCA Assessment form, the supervision of the home health aide for that specific visit. The documentation will be placed under comments on page 8 in the Medical/Nursing Needs section.</p>	

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H 456	<p>Continued From page 4</p> <p>months, and supervisory visit by RN monthly for twenty-six (26) weeks. Additionally, continued record review failed to show documented evidence that the PCA services were supervised by the RN during the month of January 2014.</p> <p>4. On June 11, 2014, at 10:00 a.m., review of Patient #7's POC with a certification period of July 26, 2013 through January 25, 2014, revealed an order for PCA services for eight (8) hours a day, seven (7) days a week for six (6) months, and supervisory visit by RN monthly for twenty-six (26) weeks. Additionally, continued record review failed to show documented evidence that the PCA services were supervised by the RN during the months of November 2013, and December 2013.</p> <p>5. On June 11, 2014, at 11:15 a.m., review of Patient #9's POC with a certification period of November 13, 2013 through May 12, 2014, revealed an order for PCA services for seven (7) hours a day, seven (7) days a week for six (6) months, and supervisory visit by RN monthly for twenty-six (26) weeks. Additionally, continued record review failed to show documented evidence that the PCA services were supervised by the RN during the months of December 2013, and March 2014.</p> <p>6. On June 11, 2014, at 11:15 a.m., review of Patient #10's POC with a certification period of October 22, 2013 through April 21, 2014, revealed an order for PCA services for eight (8) hours a day, seven (7) days a week for six (6) months, and supervisory visit by RN monthly for twenty-six (26) weeks. Additionally, continued record review failed to show documented evidence that the PCA services were supervised by the RN during the months of January 2014 and March 2014.</p>	H 456	<p>By July 18, 2014, VMT will inform and educate the registered nurses on documenting the supervision of the home health aide on the DHCF Medicaid PCA Assessment form when performing recertification visits. Registered nurses will be educated to place the documentation under comments on page 8 in the Medical/Nursing Needs section.</p> <p>The Director of Nursing or their designee will review each DHCF Medicaid PCA Assessment form for the inclusion of the RN documentation (under comments on page 8 in the Medical/Nursing Needs section), for the home health aide supervision during the specific recertification visit. VMT will perform quarterly audits to monitor that the documentation is present on the DHCF Medicaid PCA Assessment form for the recertification visits. A sample size of 10% will be assessed to determine compliance and will be the benchmark for any modifications of the audits going forward.</p> <p>The audit will be overseen by the Clinical Administrator or their designee. The results will be discussed in the quarterly Professional Advisory Committee Meeting.</p> <p><i>Completion date August 21, 2014</i></p>	

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H 456	Continued From page 5  During a face to face interview with the Administrator on June 11, 2014 at 4:00 p.m., the Administrator agreed that supervisory visits are not done monthly by the RN.	H 456		